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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	09/518,015
		Filing Date	March 3, 2000
		First Named Inventor	Elliot A. GOTTFURCHT
		Art Unit	2174
		Examiner Name	K. L. Kincaid
Total Number of Pages in This Submission	4	Attorney Docket Number	578962000120

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>PETITION TO MAKE SPECIAL BIRTH CERTIFICATE</b>
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	James M. Denaro		
Date	April 1, 2005	Reg. No.	54,063



AF / EFW

Docket No.: 578962000120  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Elliot A. GOTTFURCHT et al.

Application No.: 09/518,015

Confirmation No.: 5511

Filed: March 3, 2000

Art Unit: 2174

For: APPARATUS AND METHOD FOR SIMPLE  
WIDE-AREA NETWORK NAVIGATION

Examiner: Kristine L. Kincaid

**PETITION TO MAKE SPECIAL  
UNDER 37 CFR 1.102(c)**

MS Petition  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith is a Petition to Make Special the above-identified patent application.  
The basis of this Petition is the age of the applicant.

In support of this Petition, applicant submits the birth certificate of Elliot A. Gottfurcht showing that he was born December 31, 1939.

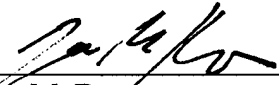
Applicants hereby petition to make the above referenced application special under 37 CFR 1.102(c) and MPEP 708.02 (IV). Accordingly, applicant requests that this Petition to Make Special be granted and the application undergo accelerated examination.

Under 37 CFR 1.102(c), no fee is required. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or

with any paper hereafter filed in this application by this firm) to our Deposit Account No. 03-1952, under Order No. 578962000120.

Dated: April 1, 2005

Respectfully submitted,

By   
James M. Denaro  
Registration No.: 54,063  
MORRISON & FOERSTER LLP  
1650 Tysons Blvd, Suite 300  
McLean, Virginia 22102  
(703) 760-7739



# STATE OF MICHIGAN CERTIFICATE OF LIVE BIRTH

State File Number: 121-582-0554838

Date Filed: January 8, 1940

Child's Name: Elliot A. Gottfurcht

Date of Birth: December 31, 1939

Gender: Male

Child's Birthplace: Detroit, Wayne County

Mother's Name Before First Married: Helen Graham

Mother's Birthplace: Michigan

Mother's Age: 25

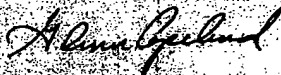
Father's Name: Fred Gottfurcht

Father's Birthplace: Austria

Father's Age: 29

I hereby certify that the above is a true and correct representation of the birth facts on file with the Division for Vital Records, Michigan Department of Community Health.

Certified by:



Glenn Copeland  
State Registrar

Date Issued: December 2, 2004

AFS: 856793

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